

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/520434**  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2	/		/				52							
3	/		/				53							
4	3		/				54							
5	0		/				55							
6	0		/				56							
7	0		/				57							
8	0		/				58							
9	0		/				59							
10	0		/				60							
11	0		/				61							
12	0		/				62							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			↓	1		↓								
TOTAL DEP.			←	11		←								
TOTAL CLAIMS			12											